DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1746-14-008**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **08-30-2023**
Program Type/Facility Name: **14-008 Belvedere Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Belvedere Drive This regulation was NOT MET as evidenced by: See OHR citation below.		

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12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175).	N	Belvedere Drive This regulation was NOT MET as evidenced by: • Individual 1 reported Employee 1 required Individual 1 to complete 150 squats until Individual 1's legs started hurting and required Individual 1 to write sentences until Individual 1's hand started hurting. • Individual 1 reported Employee 2 held Individual 1 against a wall and put a bruise on Individual 1's arm. • Employee 3 stated these allegations were made known to Employee 3 on Monday, August 21, 2023. • Employee 3 entered the allegations into the web-based reporting application on August 23, 2023, after being instructed to do so by the advocate. • The allegations were not entered into the department's web-based reporting application within 24 hours of receipt of the allegation which occurred on Monday, August 21, 2023.	PR) 08/31/2023 Director failed to communicate the allegations that were made known to Employee 3 on August 21 so that they could be entered into the web-based reporting system within 24hours. There was much confusion about the allegations as the SW of the child and the Director spoke at length on August 21 about the child making false statements. By the time the facts were in as to what the child had alleged and the incident report was actually written, Director failed to send it for entry in a timely manner. It was actually submitted after 48 hours rather than the required 24 hours. The Director has implemented a checks and balances with lead staff and employee that enters information into the web-based system to ensure that all information is reported within the 24-hour time requirement. This has been an on-going problem primarily because the employee who enters the information does not work on premises. Therefore, the responsibility to enter is being shifted back to the director to ensure timeliness of reporting. OHR/OLR) Accepted 09/01/2023	8/31/2023

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General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined